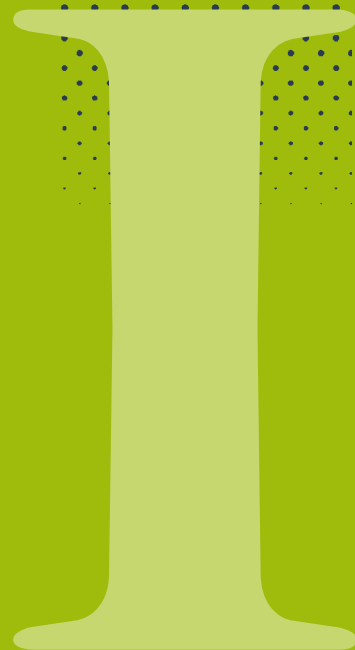




U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

MODULE I

Eliminating Barriers for Learning: The Foundation



MODULE I: OVERVIEW FOR TRAINERS

Module I is designed around a vignette of a student who is having problems with social-emotional development. As the module progresses, you will use this vignette to explore:

- The links between teen social-emotional development, mental health, and learning;
- The role of the teacher in addressing mental health needs.

Following participant introductions and orientation to the training, the module begins with a brief review of adolescent development. You can use the vignette, Caleb's Story, to draw participants into a discussion of how social and emotional development interacts with learning and achievement, inside and outside the classroom.

The module continues with a discussion of mental health and emotional problems and stigma, introducing basic definitions and concepts. Caleb's Story again serves as a framework for discussion as participants explore how stigma could be affecting his situation, creating a barrier to getting help.

The final exercise focuses on the teacher's role in helping a student with mental health needs, again using Caleb's Story as the framework for discussion.

MODULE I: ELIMINATING BARRIERS FOR LEARNING: THE FOUNDATION

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MODULE I: GOAL

The goal of Module I is to describe the links among social-emotional development, mental health, and learning.

MODULE I: OBJECTIVES

At the end of this module, participants will be able to:

- Relate social-emotional development to academic and nonacademic success;
- Define serious emotional disturbances;
- Define the teacher's role in relation to mental health and emotional problems; and
- Describe the stigma surrounding mental health issues and the impact of stigma and discrimination on help-seeking behavior.

MODULE I: TRAINER'S OUTLINE

I-1 Introduction: Why Are We Here?

- A. Participant and trainer introductions (icebreaker)
 - Ask participants, as they introduce themselves, to tell whether they have had any classroom experience with mental health issues.
- B. Show Slide I-A (What Would You Do About...) and ask:
 - How would you cope with a student who has frequent asthma attacks?
 - How would you cope with a student with diabetes? Or food allergies?
 - How would you cope with a student with severe depression?

Make the point: Mental and emotional problems among teens are common and need to be addressed, just like asthma and diabetes. But often, teachers are not as well prepared to deal with mental and emotional problems as they are with physical health problems.
- C. Show Slide I-B (Why Focus on Mental Health Issues?). Make the points:
 - Mental and emotional problems are common and have a serious impact on learning and the classroom.
 - The stigma surrounding mental health issues keeps people—students, parents, teachers—from coping with these issues as easily as they cope with asthma or diabetes.
 - The benefits for schools that address mental health issues are significant (*Trainer Note I-1*).
- D. Show Slide I-C: The overall purpose of the training is to help eliminate barriers to learning by understanding and addressing mental health issues in the school environment.
- E. Give overview of all four modules.
 - Show Slide I-D (Overview of Modules) and briefly explain the content of each module (*Trainer Note I-1*).
- F. Introduce Module I.
 - Show Slides I-E and I-F (Goals and Objectives).

SLIDE I-A

SLIDE I-B

SLIDE I-C

SLIDE I-D

SLIDE I-E
SLIDE I-F

MODULE I: TRAINER'S OUTLINE (CONTINUED)

I-2 Social-Emotional Development in Adolescence

- A. On a flipchart or chalkboard write the three areas of development: physical, intellectual, and social/emotional/behavioral; refer to Handout I-A (Adolescent Development).
- B. Clarify what is meant by social-emotional development (*Trainer Note I-2*).
- C. Ask participants to read Caleb's Story (Handout I-B), and then to discuss Caleb's social-emotional development, using the description and milestones on the handout. Ask how Caleb displays:
 - A sense of identity;
 - An understanding of consequences; and
 - An idea of appropriate behavior and responses.

HANDOUT I-A

HANDOUT I-B

I-3 Social-Emotional Factors Related to Academic and Nonacademic Success

- A. Ask participants:
 - Knowing the background in Caleb's case, what kind of behavior would you expect to see from a student like him inside the classroom? How about in the halls at school?
 - Would Caleb's behavior get in the way of learning or being successful in the classroom? How? How about in the halls at school?
- B. Use these answers to make the following points:
 - The behavior of teens can transfer across academic and nonacademic settings.
 - Social-emotional development has ties to academic and nonacademic success.
- C. Transition to the following section by making the point:
 - Some youth have great difficulty adjusting to areas of social-emotional development and may be at risk for mental or emotional problems.

MODULE I: TRAINER'S OUTLINE (CONTINUED)

I-4 Mental Health, Stigma, and Discrimination

- A. Refer to Slide I-G (Serious Emotional Disturbances: Definition) and corresponding Handout I-C (Definitions: Serious Emotional Disturbances and Stigma); define serious emotional disturbances (SED) (*Trainer Note I-4*).
- B. Make the following point:
 - The greater the difficulty experienced by a youth in adjusting, the more likely it is that a problem exists.
- C. Show Slide I-H (What Is Stigma?). Make the following point:
 - Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.¹
- D. Show Slide I-I (Stigma, Discrimination, and Help-Seeking Behavior) and refer to Handout I-D (How Stigma and Discrimination Keep Teens and Families From Getting Help). Make the following points:
 - Students generally find it easier to ask for help with academic work than with nonacademic concerns.
 - Stigma and discrimination often keep people, particularly youth, from asking for help.
(*Trainer Note I-4*).
- E. Refer back to Caleb's Story. Ask:
 - What examples of stigma and discrimination can be found in this story? How does it occur in the behavior of Caleb's peers and his teachers?
 - Why might Caleb or his parents avoid talking with the school about Caleb's difficulties?
 - Ask participants to relate these reasons to the three areas of WHAT, WHY, and WHERE as listed on Handout I-D.
 - How does stigma affect your classrooms? The school?

SLIDE I-G
HANDOUT I-C

SLIDE I-H

SLIDE I-I
HANDOUT I-D

¹ New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832; Rockville, MD: 2003.

MODULE I: TRAINER'S OUTLINE (CONTINUED)

I-5 The Teacher's Role

- A. Refer to Caleb's Story again and ask participants how an educator might help Caleb. First make the following points:
 - No teacher is expected to identify or diagnose a serious emotional disturbance, and
 - No teacher is expected to refer a student to an external mental health professional.
 - Teachers, however, can take action.
- B. As participants suggest other ways to help Caleb, try to group them under the teacher's roles shown in Slide I-J (The Teacher's Role).
- C. Show Slide I-J and refer to corresponding Handout I-E; continue to brainstorm ways teachers could help Caleb in the various roles.
- D. Ask participants if they perceive barriers in playing these roles.

SLIDE I-J

HANDOUT I-E

I-6 Closing

- A. Summarize major points of the module, referring to objectives.
- B. Ask for comments and questions.
- C. Ask participants to complete evaluation form.

MODULE I: TRAINER PREPARATION NOTES

I-1 Introduction: Why Are We Here?

Overview. This module begins with a discussion of the rationale and aims of the entire training package. It then goes on to describe the links among teen social-emotional development, mental health, and learning. It also addresses the impact of the stigma and discrimination that surround mental health issues and explores the teacher's role in helping students with mental health needs.

Background. Eliminating Barriers for Learning is part of a broad initiative that is working to reduce the stigma and discrimination surrounding mental illnesses. Developed by the Substance Abuse and Mental Health Services Administration, part of the U.S. Department of Health and Human Services, the Elimination of Barriers Initiative focuses on stigma and discrimination because these are serious barriers that keep people from getting the help and support they need to cope with mental and emotional problems.

Serious mental and emotional problems affect 5–9 percent of American children and adolescents each year. That means, on average, that one or more students in every high school classroom could be affected. The impact on schools can be significant. Children with these problems have the highest rate of school failure. Only about 42 percent of these students graduate from high school, compared with 57 percent of all students with disabilities.¹

The benefits of addressing mental health issues include higher academic achievement, lower absenteeism, and fewer behavioral problems.²

The overall purpose of the training is to help eliminate barriers to learning by understanding and addressing mental health issues in the school environment.

Module I: This module describes the links among teen social-emotional development, mental health, and learning. It also addresses the impact of

¹ U.S. Department of Education. Office of Special Education Programs. *Twenty-third Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act: Results*. Washington, DC, 2001.

² Jennings, J., Pearson, G., Harris, M., "Implementing and Maintaining School-based Mental Health Services in a Large Urban School District." *Journal of School Health*, 70 (2000):201-205.

MODULE I: TRAINER PREPARATION NOTES

stigma and discrimination that surround mental health issues and explores the teacher's role in helping students with mental health needs.

Module II: This module gives an overview of mental health issues among adolescents and their potential effects on learning and behavior. It provides information on risk factors and protective factors for mental and emotional problems, and on signs indicating when teens may need help.

Module III: This module provides practice in formulating a plan to help students with mental health needs. It encourages the creation of sustained school-home-community partnerships to meet the educational and developmental needs of adolescents.

Module IV: This module addresses ways to create an accepting classroom climate that promotes learning for all students, including those with mental health needs.

I-2 Social-Emotional Development in Adolescence

Background. As teachers well know, adolescence is a time of rapid development, the second time since infancy that changes occur at an accelerated rate. The purpose of this section is to review and discuss one developmental area—social-emotional development—and how it impacts learning.

Expanded information about social-emotional development:

- Social-emotional development is the process of acquiring information, values, and beliefs about self, others, and the world at large, as well as the evolution of how individuals behave to express these qualities.
- Social-emotional development affects how youth make decisions, manage the consequences of their decisions, cope with internal and external stress, and communicate with others.
- Social-emotional development increases awareness of one's own and others' behavior, appropriate emotional responses, and styles of communication. Because they are so aware of these often awkward changes, adolescents look to their peers to validate their behavior, responses, and communication as "normal."

MODULE I: TRAINER PREPARATION NOTES

I-3 Social-Emotional Factors Related to Academic and Nonacademic Success

Notes on facilitating group discussion. Participants have observed youth in a variety of contexts: the classroom, hallways, cafeteria, sports, and assorted situations. It is through the process of observation that they begin to really see the effects of development across age ranges and between individuals. In the discussion of Caleb's Story, you will be asking participants to consider social-emotional development and its impact on performance in the classroom as well as success outside of it. Use their responses to illustrate the far-reaching impact of social-emotional development and mental health.

Examples of the relationship between social-emotional development and academic and nonacademic success. The following examples may reflect some participants' observations during this discussion. Keep in mind that the relationship between social-emotional development and success in and out of the classroom is not limited to the following; nor is the boundary between "academic" and "nonacademic" a rigid one.

- The **formation of identity** leads to **self-direction** and **self-efficacy** (the feeling that one can accomplish a particular task) in the classroom, and **self-expression** and a **sense of purpose** outside the classroom.
- An **understanding of consequences** develops adolescents' **critical thinking** and **problemsolving** skills in academic work, as well as **conflict resolution** and **decisionmaking** skills outside the classroom. It also develops a sense of **autonomy**.
- A developing **sense of appropriateness and normalcy** can impact **classroom conduct**, including **attentiveness** and **concentration**. It will also influence **self-esteem** and **social interactions with peers**.

I-4 Mental Health, Stigma, and Discrimination

NOTE: More details about specific disorders are in Module II. Here, the definition is supplied in order to introduce the concept of stigma surrounding mental health issues.

SED Definition and Information. Serious emotional disturbances (SEDs) are diagnosable disorders *in children and adolescents* that severely disrupt daily functioning in the home, school, or community.

MODULE I: TRAINER PREPARATION NOTES

“Serious emotional disturbance,” not “mental illness,” is the preferred term when referring to these disorders in children and adolescents.

In a given year, about 5–9 percent of children (up to 18 years of age) have a serious emotional disturbance.³ Unfortunately, as many as 25 percent of youth who may have a serious emotional disturbance do not receive mental health services of any kind.⁴

The 1999 report of the Comprehensive Community Mental Health Services for Children and Their Families Program of the Center for Mental Health Services reports that students with serious emotional disturbances showed significant difficulties in school: 14.1 percent of students had school attendance lower than 50 percent, and 43.3 percent of students were listed with below average or failing grades.

About Stigma. In these modules, stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.

Stigma can cause discriminatory treatment toward youth and their families by their peers as well as by educators and community members. It also is dangerous because it can prevent people from seeking help and meeting their own needs. It does this by causing:

- Reluctance to recognize a problem;
- Inability or reluctance to seek treatment; and
- Reluctance to ask how to seek services.

These are noted as WHAT, WHY, and WHERE on Slide I-I and Handout I-D. A more detailed explanation follows:

³Farmer, E.M.Z. et al. The Epidemiology of Mental Health Programs and Service Use in Youth: Results From the Great Smoky Mountains Study. In M.H. Epstein et al. (eds.) *Outcomes for Children and Youth With Behavioral and Emotional Disorders and Their Families*. 2nd edit. (2003)

⁴Hoagwood, K., & Johnson, J. (2003). School psychology: A public health framework I. From evidence-based practices to evidence-based policies, *Journal of School Psychology*, 41(1), 3-21.

MODULE I: TRAINER PREPARATION NOTES

- ***Reluctance To Recognize a Problem (WHAT).*** Emotional and behavioral problems influence the skills youth are developing. Stigma can prevent recognition of that influence. Some advice-givers may suggest that certain behaviors are not linked to mental health issues, but are related to other factors such as laziness, lack of discipline, personality, or immaturity. Nonprofessionals may say that a youth will grow out of the problem or that it is part of being a teenager. This can give youth and families mixed messages about the importance of treatment.
- ***Inability or Reluctance To Seek Treatment (WHY).*** Youth and their families may avoid mental health care services because they do not want confirmation that the youth is “crazy.” Others may be afraid to discuss the possibility of an emotional or behavioral problem, because they think they will be blamed or suffer other social consequences.
- ***Reluctance To Ask How To Seek Services (WHERE).*** Sometimes lack of knowledge about mental health care services is a barrier to treatment. Stigma and fear of discrimination can prevent people from asking questions that will lead to successful access to services. The fear that others cannot be trusted with confidential information can make asking for help a threat to privacy.